PART B - FEE(S) TRANSMITTA

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

NOV 2 4 2008

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

NSTRUCTIONS: This ppropriate (A) further adjusted unless corrections and the control of the cont	from should be used for should be used for should be used including the below or directed other tions.	or transmitting the ISSU g the Patent, advance of the erwise in Block 1, by (a	JE FEE and PUBLIC rders and notification a) specifying a new co	ATION FEE (if requois maintenance fees orrespondence address	uired). I will be s; and/o	Blocks 1 through 5 si mailed to the current r (b) indicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for								
CURRENT CORRESPOND	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.														
23364	7590 10/01	/2008		-		J									
BACON & THOMAS, PLLC				I haraby cortify that t	hic Eagl	e of Mailing or Trans (s) Transmittal is being	a denocited with the United								
625 SLATERS I	•	•		States Postal Service	with sui	fficient postage for fire	st class mail in an envelope								
FOURTH FLOO)R		transmitted to the USI	TO (57	71) 273-2885, on the d	st class mail in an envelope above, or being facsimile late indicated below.									
ALEXANDRIA, VA 22314-1176							(Depositor's name)								
Attn: Benjan	nin E. Urcia														
•						(Signature)									
				·		<u></u>	(Date)								
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	TOR	АТТО	DRNEY DOCKET NO.	CONFIRMATION NO.								
10/782,955	02/23/2004		Chih-Chung Kuo		ŀ	KUOC3019/EM	7575								
ITLE OF INVENTION	: AUTOMATIC SPEEC	H SEGMENTATION AN	ND VERIFICATION N	METHOD AND SYST	EM										
						•									
,															
ADDIN TURE	CMALL PAINTY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSU	in enn	TOTAL FEE(S) DUE	DATE DUE								
APPLN. TYPE	SMALL ENTITY				EFEE	· · · · · · · · · · · · · · · · · · ·									
nonprovisional	NO	\$1440 \$1510	\$300	\$0		st/40 #18									
EXAMINER ART UNIT			CLASS-SUBCLASS	11/25/2008 SHOHAMM1 00000042 10782955			10782955								
GODBOLD, DOUGLAS		2626	704-254000		01 FC:1501 02 FC:1504		1510.00 OP 300.00 OP								
. Change of correspond	ence address or indication	2. For printing on t	on the patent front page, list												
FR 1.363).		(1) the names of up to 3 registered patent attorneys													
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.												
										A TO BE PRINTED ON		<u> </u>			
													nee is i	dentified below the d	ocument has been filed for
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.															
(A) NAME OF ASSI		(B) RESIDENCE: (CITY and STATE OR COUNTRY)													
Industrial Technology Research Institute Chutung, Hsinchu, Taiwan, R.O.C.															
							* *								
lease check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):	☐ Individual 🖾 C	Согрога	tion or other private gro	oup entity 🗖 Government								
a. The following fac(s)	ara cubmittad:	41	h Payment of Eag(s): (Dlagga first rannaly s	ny neo	viously poid issue for	shown above)								
a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Solution Issue Fee															
	lo small entity discount p	Payment by credit card. Form PTO-2038 is attached.													
Advance Order -		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-0200 (enclose an extra copy of this form).													
			overpayment, to D	Depósit Account Numb	oer 02	2-0200 (enclose a	n extra copy of this form).								
	tus (from status indicate														
	s SMALL ENTITY statu					TITY status. See 37 C									
OTE: The Issue Fee an iterest as shown by the	d Publication Fee (if req records of the United Sta	uired) will not be accepte tes Patent and Trademark	d from anyone other the Office.	ian the applicant; a reg	gistered	attorney or agent; or th	he assignee or other party in								
	B														
Authorized Signature	_//	 "		Date1	1/24/	/08									
Typed or printed nam	e Benjamin E	. Urcia		Registration	No.	33,805									

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.